

PTO-65B ASSIGNMENT TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

1. CORRESPONDENCE ADDRESS

GREGORY J LUNN
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2700 CAREW TOWER
CINCINNATI OH 45202

Box 10219
REGISTRATION TO PETITIONERS AND ASSIGNEES
P.O. BOX 10219

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

City, State and ZIP Code

Box 10219
REGISTRATION TO PETITIONERS AND ASSIGNEES
P.O. BOX 10219

RECEIVED

Patent Division

Street Address

City, State and ZIP Code

APR 17 1997

04

Check if additional changes are on reverse side

NO

SERIES/CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS (D)	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/554,315	11/08/95	005	DIXON, M. (Serial No. 1317)	02/19/97
First Named Applicant: MAHN, JOHN (Signature) JR.				

TITLE OF INVENTION/METHOD OF MAKING

RP-H-4

(Date)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
SAF-41-111	428-202	000	UTILITY	YES	\$645.00	05/19/97

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents Cincinnati, Ohio 45202 OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

WOOD, HERRON & EVANS, L.L.P.

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DO NOT USE THIS SPACE
to input any information other than the assignee's name and address. Any comments or notes should be placed in the Remarks section of the application.

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

Specialty Adhesive Film Co.

(2) ADDRESS (CITY & STATE OR COUNTRY)

Cleves, Ohio 45002

5033, Washington, D.C. 20530

6a. The following fees are enclosed:

Issue Fee Advance Order - # of Copies

6b. The following fees should be charged:

DEPOSIT ACCOUNT NUMBER 23-3000

(ENCLOSE PART C)

Issue Fee Advance Order - # of Copies 2

Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

4-14-97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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